


ANNUAL REPORT
OF
Medical Officer of Health
FOR
HIPPERHOLME URBAN
DISTRICT.



1897.



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FEBRUARY 5th, 1898.

*To Hipperholme Urban District
Council.*

MR. CHAIRMAN AND GENTLEMEN,—

My report for the year 1897, embraces (1) statistics of births, deaths, infectious diseases, &c., and (2) remarks on sanitary and other relative matters affecting your district.

Area and Population.—(a) The *area* of the district is 1138 acres. (b) The *population*, according to the census of 1891, was 3309; and the “estimated population” up to the middle of 1897 is calculated to be 3540. In my report for the year 1896, I had estimated the population at 3390, and in so doing had taken certain local conditions into account. I find, however, in tables issued annually by the County Medical Officer, that he had placed the figures for that year at 3525. I have always had regard in former years to the changing character of a certain portion of the inhabitants, and have perhaps on this account under-estimated rather than over-estimated the population of the district; but I think in now placing the number of inhabitants at 3540, I cannot be very far from the mark.

Births.—

Table I.

| Year. | Males. | Females. | Total. | Rate per 1000 per annum. |
|-------|--------|----------|--------|-----------------------------|
| 1888 | 41 | 39 | 80 | 24·6 |
| 1889 | 39 | 37 | 76 | 23·1 |
| 1890 | 40 | 38 | 78 | 23·2 |
| 1891 | 45 | 28 | 73 | 22· |
| 1892 | 51 | 41 | 92 | 27·4 |
| 1893 | 41 | 45 | 86 | 25·3 |
| 1894 | 38 | 36 | 74 | 21·5 |
| 1895 | 43 | 26 | 69 | 20·2 |
| 1896 | 33 | 38 | 71 | 20·8 |
| 1897 | 38 | 45 | 83 | 23·4 |

The number of births registered during the year was 83, comprising 38 males and 45 females. The average proportion as regards sex is approximately—males 46 per cent., females 54 per cent. A glance at Table I. will show that this sex-proportion is a very variable quantity. The birth-rate for the year is 23·4, which is higher than that of the three preceding years, but much below the average rate for England and Wales, which was in 1896 (for example) 29·7. I find that our birth-rate for the last ten years has averaged 23·15, and it would thus appear that the rate for the year 1897 is slightly higher than this, although the maximum of 27·4 was attained in 1892. The returns which I receive weekly from the Registrar do not distinguish legitimate from illegitimate births, but so far as I know there was during the year no illegitimate birth registered.

Deaths.—

Table II.

| Year. | Males. | Females. | Total. | Rate per 1000 per annum. |
|-------|--------|----------|--------|-----------------------------|
| 1888 | 17 | 20 | 37 | 11.4 |
| 1889 | 30 | 30 | 60 | 18.2 |
| 1890 | 31 | 30 | 61 | 18.2 |
| 1891 | 42 | 22 | 64 | 19.3 |
| 1892 | 28 | 21 | 49 | 14.6 |
| 1893 | 32 | 27 | 59 | 17.6 |
| 1894 | 24 | 20 | 44 | 12.8 |
| 1895 | 29 | 23 | 52 | 15.15 |
| 1896 | 35 | 27 | 62 | 18.2 |
| 1897 | 22 | 13 | 35 | 9.9 |

The deaths numbered 35, 22 of males and 13 of females. The annual rate per 1000 is 9.9, and this is the lowest rate (see Table II.) which is to be found during the last ten years. In 1896 the death-rate for the whole of England and Wales was 17.1; for ten years the average death-rate of this district is 15.5. The sex-proportion of deaths also shows a higher percentage among males than females in every year since 1888. The mortality during 1897 was as follows for each quarter:—first quarter, 6; second quarter, 12; third quarter, 8; fourth quarter, 9. An analysis of the numbers in the various age-periods shows that 5 died in infancy, 1 between 1 and 5 years of age, 1 between 5 and 15 years of age, 3 between the ages of 15 and 25, 13 between the ages of 25 and 65, while 12 had attained to the age of 65 and upwards.

Among the *chief causes* of death were:—

(a) PHTHISIS OR CONSUMPTION.—Six persons died from this disease, four of whom were males

and two females. The rate per 1000 is 1·7 as compared with ·9 in 1896 and 1·4 in 1895.

(b) RESPIRATORY DISEASES.—There were eight deaths due to bronchitis, pneumonia or pleurisy, as against twelve in the preceding year. The rate under this heading (including phthisis) is 4· per 1000; in 1896 it was 4·4 per 1000.

(c) HEART DISEASE.—No death from any affection of the heart as a primary cause was registered during the year. In 1896 and also in 1895 nine persons died from disease of this organ.

(d) DISEASES OF LIVER, STOMACH, AND BOWELS. Two deaths appear under this category.

(e) DIARRHŒA.—This shows a blank return.

(f) DISEASES OF KIDNEYS.—Two deaths occurred from disease of the kidneys as compared with one in 1896.

(g) DISEASE OF NERVOUS SYSTEM.—There were two deaths registered under this heading.

(h) SCARLET FEVER.—One death was due to this fever and is referred to again.

(i) INJURIES, &c.—Two deaths were certified during the year by the coroner.

Infant Mortality.—I had occasion in my report for 1896, to point out that the rate of mortality for that year among infants was very high, amounting to 267·6 per 1,000 of registered births. The rate for the West Riding in the same year was 149. It is gratifying on this occasion to state that only five infants died during the year just ended, as against nineteen in the preceding year; two of those deaths occurred in the first quarter, two in the second quarter, and one in the third quarter. The causes of death were certified to be :—Dentition,

1 ; Laryngismus Stridulus (false croup), 1 ; Bronchitis, 1 ; Premature Birth, 1 ; Asthenia, 1. It is difficult to assume what factor is at work in causing the numerical variations which one encounters from year to year when considering this subject. If, as is constantly alleged, *imperfect feeding* is the great cause of so many deaths in infancy, one asks in vain for an intelligent answer to the question—Why, under precisely the same conditions, so many die in one year and so few in another? The truth to my mind appears to be that a great many agencies are involved in the issue, and that each, although moving in a different channel, is yet powerful enough to prove destructive. Be the reason what it may, it remains a fact that in 1896 the rate of infant mortality per 1,000 of registered births was 267·6, whereas for 1897 it has fallen to 60·2.

Zymotic Death-rate.—The only zymotic disease which caused death was scarlet fever, and to this one person succumbed. The rate for the year is ·28 per 1,000, as compared with 2· in 1896, ·6 in 1895, and 1·4 in 1894.

Before leaving the subject of “Statistics” it may not be out of place to epitomise the leading points.

(1) The Birth-rate of the district (23·4) for the year is higher than the average rate of the last 10 years, but much lower than that of the West Riding, or of the whole of England and Wales.

(2) The Death-rate of the district (9·9) for the year is the lowest rate which has occurred during 10 years, and the average rate for the latter period is also much below that of the West Riding and of England and Wales.

(3) While the phthisis death-rate shows an increase upon the year, the respiratory rate is slightly lower.

(4) The rate of infant mortality (60·2) is greatly diminished as compared with that of the preceding year (267·6).

(5) The zymotic death-rate is an exceedingly small one upon this occasion.

INFECTIOUS DISEASES.

Notification.—The number reported to me was 36, viz., Scarlet Fever, 28; Enteric Fever, 1; Croup, 3; Erysipelas, 4.

In considering these and a few of the other principal diseases, I may remark under—

Small-pox.—That, since the epidemic which visited us in 1892—3 when most of the population was re-vaccinated, the primary vaccination of infants is steadily and gradually diminishing, and I am not far wrong when I say that only 5 per cent of the children born during the last two or three years have been vaccinated. It is almost needless to add that this scandalous neglect of a harmless and protective operation may land us at some future time in a condition similar to that which we experienced five years ago; as it is obvious that, if this neglect continues, the number of unprotected children will increase year by year. Speedy and decisive legislation on the question of vaccination would prove acceptable.

Chicken-pox.—So far as I am aware, this disease was confined to two houses in Bramley Lane, and appeared in the month of November. The children in the one house infected those of the other.

Scarlet Fever or Scarlatina.—During the year 28 cases were reported to me, as compared with 24 in 1896, 3 in 1895, 15 in 1894, and one in 1893. Of the 28 persons affected, 8 were under 5 years of age, and of the remaining 20 there were 3 adults. No notification was made during the first quarter, but in the month of April 3 children living in the same house in the upper end of Hipperholme were attacked in succession, and the source of infection pointed to a school in the neighbouring township of Northowram. One of those cases unfortunately proved fatal. About the same time another child living in the immediate vicinity contracted the fever, and here again I found that the same school was attended by the children of the house. In the month of May three fresh cases appeared, but at different points in the district. In June five children, all living in the same house, were attacked one after the other, the first of the five being undoubtedly infected from coming in contact with one of the April cases residing a few doors off. Three notifications from Lightcliffe were received in July, and two houses were involved; in September also there was another case reported from the same locality. In October three children were affected, in November seven (four in one house), and in December two, and all of these with one exception occurred in Hipperholme.

Upon the whole the type of the disease may be described as mild, and probably on this account sufficient care was not exercised in nursing, with the result that complications were frequently found where least expected. It is a matter of surprise to me that an epidemic did not break out in the district during the last quarter, for isolation and disinfection can at the best be but

imperfectly carried out in the presence of this fever in cottage houses which contain large families.

Enteric or Typhoid Fever.—Only one person suffered from this disease during the year as compared with five in 1896 and four in 1895. The person affected was an inmate of a house in Bramley Lane, but we were unable to find any sanitary defect of sufficient importance to account for the attack; and as the man worked outside the district the cause remained unexplained.

Diphtheria.—No case of diphtheria has been reported since the year 1893, and I am not inclined to place the three cases of

Croup. ~~Under~~ Under this heading. Those appeared in the month of March in two houses, and, as they were not specified as cases of membranous croup, I came to the conclusion at the time I visited and examined the houses that the nature of the disease was in all probability that form which is known as catarrhal croup and which is met with in cold, damp weather.

Measles.—Only a few sporadic cases of this disease, appearing at different times, were found in the district during the year.

Whooping Cough.—I cannot discover any entry of a single case of whooping cough.

Diarrhœa.—This was scarcely so prevalent in summer and autumn as in former years; no death occurred from this disease.

Erysipelas.—Four notifications under this heading were received, but they all appear to have been what is known as idiopathic in character. It is difficult to see what practical good arises from

reporting this disease, as, so far as my experience goes, it very seldom is traceable to any sanitary defect.

Influenza.—Was prevalent during the spring, but the extreme virulence which often manifested itself in former years was absent, and no fatal result was registered.

Inspections.—The whole district has been systematically inspected by the Sanitary Inspector, and along with him I have also visited and examined such houses and places as required special attention.

Isolation Hospital.—The only hospital accommodation which we have had hitherto was a share in the Small-pox Hospital erected at Clifton, Brighthouse, during the epidemic of that disease in 1892—3. Although a proportionate amount has to be paid towards its maintenance it has not fortunately been of any use to us since that time, for the simple reason that no further outbreak has appeared; in case of necessity, however, it can be at once utilised, and this is a comforting reflection when one recalls the terrible experiences which we had prior to its erection five years ago. An additional hospital, which is now rapidly approaching completion, will soon be ready for the reception of persons suffering from any of the other principal infectious diseases. I am certain that in some of the instances where, as I have previously pointed out, multiple cases of Scarlet Fever occurred in the same house, the immediate removal of the first case to a hospital, followed by thorough disinfection, would have been successful in cutting short the further spread of the disease. When no such hospital is available, and Scarlet Fever begins in a house containing, say, four or

five children, and where sleeping accommodation is limited to two small bedrooms, one finds that in spite of the utmost care and precaution the disease often attacks every child; here one attempts to isolate under adverse circumstances and fails; and as superadded to all this, the process of disinfection, as it would perforce have to be carried out, would at the best be only half complete another element arises to contribute to this want of success.

Water Supply.—Upon the whole the supply of water, which we receive from the Halifax Corporation, has been constant and good. No lead poisoning has so far been discovered, and no complaints have been received on the subject during the year. Some parts of the district, outside the range of the public mains, are dependent upon pumps and wells for their water, and in one instance the Authority ordered the removal of a pump situated in a farm yard, where the percolation of liquid manure undoubtedly polluted the water. In the case of another house on the extreme confines of the district a tenant reported through me to the Authority that a well, from which his water was derived, was giving an inadequate and unwholesome supply for household purposes, but it was ruled that the matter must be referred to the landlord to remedy.

Sewerage, Drainage, &c.—Year by year the drainage system is being improved, and, as occasion occurs, pipes, well cemented and connected with the main sewers where this is possible, are taking the place of the stone drains which are still occasionally found when overhauling old property where nuisances exist. The flushing apparatus in connection with closets at Lydgate, to which I had occasion to refer specially in my last report,

is now being worked more satisfactorily than formerly, and complaints as to smells have not been received for some time. In connection with the subject of pollution arising from offensive trade-effluents, I may state that the largest of the three tanneries in the district is attempting to diminish this by a process of filtration and precipitation, and it is to be hoped that the scheme which has, I understand, received for the present the provisional consent of the Authority will prove successful. The Sewage Tanks at Bailiffe Bridge are well looked after by the officials of the Council, and samples of the effluent, which I have examined from time to time, show very good working results.

Scavenging and Refuse Removal.—This important work, although not directly in the hands of the Council's own staff, is let to contractors, who act under the guidance of the surveyor, and nuisances which in former years were common owing to the over-filling of middens and ashpits are now very seldom found. Such over-filling need not occur at all if a householder will take the trouble to report at the Council offices when emptying is necessary. The construction of these receptacles of refuse is now receiving more strict attention, and in several places we have insisted upon the floors being raised above the level of the ground and otherwise improved as required. More especially is this observable in Lower West Field, and the structural alterations, which were recommended last year in a report drawn up by the inspector and myself, have now been carried out.

Slaughter House.—There is one registered slaughter house, which is kept in a clean and orderly condition.

Bake House.—These are three in number and are conducted in a satisfactory manner.

Dairies, Cowsheds and Milk-shops Order.—This “order” has now been adopted by the Council. It makes compulsory the registration of these places and of all dealers in milk. It is of the highest importance that proper inspections of dairies, &c., should be carried out, so as to secure efficient whitewashing, drainage, lighting and ventilation, combined with a good water supply and general cleanliness. The protection of the health of the community demands that more time should be devoted to those matters, and I hope in a future report to be able to write of progress made in this department.

Workshops.—These places have been visited periodically, and I have to report that they are all maintained in a satisfactory condition and that no proceedings have had to be taken during the year either on the ground of overcrowding or of insanitary surroundings.

The Sanitary Inspector reports for the year as follows :

| | |
|----------------------------------------|-----|
| No. of inspections made | 450 |
| „ house-drains repaired, &c., | 25 |
| „ „ new, provided | 20 |
| „ w.cs., privies repaired, &c. | 12 |
| „ „ new, provided | 20 |
| „ ashpits repaired, &c. | 4 |
| „ slaughter-houses inspected | 1 |

I am, Gentlemen,

Your obedient servant,

RICHARD DAVIDSON, M.D., Edin., M.A.

Medical Officer of Health.